

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE					
						10 / 009153	APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1	1				53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
9		1					59					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	8						TOTAL DEP.					
TOTAL CLAIMS	9						TOTAL CLAIMS					